

<div style="display: flex; justify-content: space-between; align-items: center;"> <div style="text-align: center;"> <b>EPA</b>  United States Environmental Protection Agency  Washington, DC 20460 </div> <div style="text-align: center;"> <b>Work Assignment</b> </div> </div>						Work Assignment Number 1-02				
						<input type="checkbox"/> Other <input checked="" type="checkbox"/> Amendment Number: 000001				
Contract Number EP-W-12-003		Contract Period   01/01/2013   To   12/31/2013 Base                      Option Period Number      1		Title of Work Assignment/SF Site Name 1-02						
Contractor SRC, INC.				Specify Section and paragraph of Contract SOW						
Purpose: <input type="checkbox"/> Work Assignment <input type="checkbox"/> Work Assignment Close-Out <input checked="" type="checkbox"/> Work Assignment Amendment <input type="checkbox"/> Incremental Funding <input type="checkbox"/> Work Plan Approval				Period of Performance  From   01/01/2013   To   12/31/2013						
Comments: This work assignment is being reduced by 250 hours from 870 LOE to 620 LOE. Contractor will submit a revised cost estimate.										
<div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Superfund Accounting and Appropriations Data <input checked="" type="checkbox"/> Non-Superfund </div>										
SFO <input type="checkbox"/> Note: To report additional accounting and appropriations date use EPA Form 1900-69A.										
Line	DCN (Max 6)	Budget/FY (Max 4)	Appropriation Code (Max 6)	Budget Org/Code (Max 7)	Program Element (Max 9)	Object Class (Max 4)	Amount (Dollars)	(Cents)	Site/Project (Max 8)	Cost Org/Code (Max 7)
1										
2										
3										
4										
5										
Authorized Work Assignment Ceiling										
Contract Period:                      Cost/Fee:                      LOE: 01/01/2013   To   12/31/2013										
This Action:  Total:										
Work Plan / Cost Estimate Approvals										
Contractor WP Dated:                      Cost/Fee:                      LOE:										
Cumulative Approved:                      Cost/Fee:                      LOE:										
Work Assignment Manager Name   David Lynch  _____ (Signature)                      (Date)							Branch/Mail Code:			
							Phone Number   202-564-8532			
							FAX Number:			
Project Officer Name   Cynthia Bowie  _____ (Signature)                      (Date)							Branch/Mail Code:			
							Phone Number: 202-564-7726			
							FAX Number:			
Other Agency Official Name  _____ (Signature)                      (Date)							Branch/Mail Code:			
							Phone Number:			
							FAX Number:			
Contracting Official Name   Abbie Jemmott  _____ (Signature)                      (Date)							Branch/Mail Code:			
							Phone Number: 202-564-1266			
							FAX Number:			